



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
GARIBALDI	JOHN	LOUIS	808 531 7408
MAILING ADDRESS (Street)			FAX
PIER 19 FERRY TERMINAL			808 531 7410
(City)	(State)	(Zip Code)	
HONOLULU	HI	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
HAWAII SUPERFERRY, INC.			808 531 7400
MAILING ADDRESS (Street)			FAX
PIER 19 FERRY TERMINAL			808 531 7410
(City)	(State)	(Zip Code)	
HONOLULU	HI	96817	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
HAWAII SUPERFERRY, INC.	808 531 7400	
MAILING ADDRESS (Street)	FAX	
PIER 19 FERRY TERMINAL	808 531 7410	
(City)	(State)	(Zip Code)
HONOLULU	HI	96817
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
JOHN GARIBALDI	808 531 7408	
MAILING ADDRESS (Street)	FAX	
PIER 19 FERRY TERMINAL	808 531 7410	
(City)	(State)	(Zip Code)
HONOLULU	HI	96817

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

John L. Garibaldi
(Signature of Lobbyist)

March 23, 2005
(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
JOHN L. GARIBALDI		CHIEF EXECUTIVE OFFICER	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
HAWAII SUPERFERRY, INC.		808 531 7408	
MAILING ADDRESS (Street)		FAX	
PIER 19 FERRY TERMINAL		808 531 7410	
(City)	(State)	(Zip Code)	
HONOLULU	HI	96817	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<u>John L. Garibaldi</u> (Signature of Authorizing Officer or Person Represented)		<u>March 23, 2005</u> (Date)	